

1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1940
Registration District No. 784

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12239
Registrar's No. 501

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9102 Madge Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community
years, months or days) 2

3. (a) PRINT FULL NAME Mary A. Biggs
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph C. Biggs 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 2, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 8 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Kibbin
13. Birthplace N. Y.
(City, town, or county) (State or foreign country)
14. Maiden name Morrison
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Biggs
(b) Address 9102 Madge Ave.

17. (a) Burial (b) Date thereof 3-12-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walhalla

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) MAR 11 1940 (b) DR Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 9102 Madge Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 10
year 1940 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer of the intestines 1 yr
Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

707 While at work? no (Specify type of place)
Means of injury _____
23. Signature John O. Conner (M.D. or other)
Address Coroner of St. Louis County Date signed 3/10/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

H. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.